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APPLICANTS

MICHAEL GREMINGER, ZURICH, SWITZERLAND;

** CONTINUING DATA *****
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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 4	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions ☒ yes ☐ no ☐ Met after
 met Allowance

Verified and
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Examiner's Signature *Shore* Initials *7*

ADDRESS
 116
 PEARNE & GORDON LLP
 1801 EAST 9TH STREET
 SUITE 1200
 CLEVELAND, OH
 44114-3108

TITLE
 HEARING AID ADJUSTMENT DEVICE

FILING FEE RECEIVED 1452	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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